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## BIB DATA SHEET

CONFIRMATION NO. 7977

<b>SERIAL NUMBER</b> 10/697,454	<b>FILING or 371(c) DATE</b> 10/30/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 281-317	
<b>APPLICANTS</b> Richard W. Newman, Auburn, NY; <del>Corinn C. Fahrenkrug, Liverpool, NY;</del>					
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/02/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BRANDI N THOMAS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 99  <b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> Hiscock & Barclay, LLP One Park Place 300 South State Street Syracuse, NY 13202-2078 UNITED STATES					
<b>TITLE</b> Apparatus and method for diagnosis of optically identifiable ophthalmic conditions					
<b>FILING FEE RECEIVED</b> 3070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		